

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000006958

FILED
Apr 30, 2008
Secretary of State

Entity Name: JUSTIN TREE SERVICE, LLC

Current Principal Place of Business:

4609 SELMA STREET
SARASOTA, FL 34232

New Principal Place of Business:

4629 KANGAROO STREET
MIDDLEBURG, FL 32068

Current Mailing Address:

4609 SELMA STREET
SARASOTA, FL 34232

New Mailing Address:

4629 KANGAROO STREET
MIDDLEBURG, FL 32068

FEI Number: 54-2145445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STILLWAGNER, JUSTIN R
4609 SELMA STREET
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

STILLWAGNER, JUSTIN R
4629 KANGAROO STREET
MIDDLEBURG, FL 32068 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JUSTIN R. STILLWAGNER

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STILLWAGNER, JUSTIN R
Address: 4609 SELMA STREET
City-St-Zip: SARASOTA, FL 34232

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STILLWAGNER, JUSTIN R
Address: 4629 KANGAROO STREET
City-St-Zip: MIDDLEBURG, FL 32068

Title: MGRM () Change (X) Addition
Name: STILLWAGNER, CHRISTINA A
Address: 4629 KANGAROO STREET
City-St-Zip: MIDDLEBURG, FL 32068

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JUSTIN R. STILLWAGNER

MGRM

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date